

Kristi Jo Wilson, PhD, RN, MSN, FNP-BC, CAFCI

Senate Health Policy Committee
Room 1100 Binsfeld Building
201 Townsend St.
Lansing MI 48933

C/O Heather Dorbeck, Committee Clerk

Dear Senate Health Policy Committee members,

I am writing in regard to the proposed SB0683. I applaud the group who brought this bill to Senator Margaret O'Brien's attention. I agree that acupuncture needs to have regulation within the state of Michigan as it is known that Michigan is one of four states without acupuncture oversight. However, the bill causes great concern to me as a seasoned health professional and advanced practice nurse who performs neuro-anatomical acupuncture. These concerns are detailed below:

- 1) The bill supports the construction of a third form of medicine (i.e., allopathic, osteopathic and *Eastern*). This is unnecessary. There are groups of medical professionals who are trained in acupuncture who are quite capable of toggling between the "two worlds" of allopathic/osteopathic medicine and Eastern medicine (in this case, acupuncture). I borrowed the phrase "two worlds" from Wendell Berry (1977) who describes the "two worlds" of healthcare, "that of love and that of efficiency." Many health care workers are trained to understand and live in both worlds. In addition, we are already licensed as advanced practice nurses in the state of Michigan. For example, I was trained through the Acupuncture Foundation of Canada, Inc AFCI, currently named Acupuncture Canada. I am delegated this privilege through the collaboration of a physician and my AFCI certification is supported by the American Academy of Medical Acupuncture. There are also physicians who live in the "two worlds" who perform acupuncture and Eastern therapies as well. Why would we need to create a third construct of medicine when we already have capable medical professionals who can treat patients without the added licensure that this bill requires? This is a *duplication of service* and garners unnecessary costs and decreased efficiencies.
- 2) This bill not only attempts to define who can perform acupuncture, but includes the act of assessing and diagnosing a patient through East Asian medicine techniques. What evidence substantiates this coverage of East Asian medicine techniques? For instance, is the state ready to cover concerns/lawsuits regarding the prescription of herbal medicines, especially when many of these licensed individuals do not have formal training in Western pharmacy and pharmaceuticals nor have any lived experience in healthcare.

Instead of specializing the act of acupuncture while increasing costs and redundancies, more discussions need to take place regarding the healthcare professionals who are *fully trained* in Western medicine as well as in acupuncture. I call this the nursing process – assessing the situation, diagnosing the problem (based on the data collected), planning, implementing and evaluating. I am concerned that this process has not taken place and it is excluding those of us who live and work at a high level in the “two worlds” of healthcare.

Thank you for the opportunity to express my concerns and suggestions to improve wellbeing of human beings in the state of Michigan. I would be happy to hold a conversation with the committee to express my concerns more fully and articulate my suggestions.

Sincerely,

Kristi Jo Wilson

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